

7007 1490 0001 4774 8887

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

CA/FE
07/03/08

Total Postage \$

Dan Mathews, President & Corporate Operations Officer
Meridian Design, Inc.
13114 East Galveston Street
Gilbert, AZ 85233
DOCKET NO.: FIFRA-08-2008-0017

Sent to _____
Street, Apt. No.,
or PO Box No. _____
City, State, ZIP+4 _____

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dan Mathews, President & Corporate Operations Officer
Meridian Design, Inc.
13114 East Galveston Street
Gilbert, AZ 85233
DOCKET NO.: FIFRA-08-2008-0017

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Dan Mathews Addressee

B. Received by (Printed Name) *DAN MATTHEWS*

C. Date of Delivery *7-10-08*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

RC JUL 03 2008 4

2. Article Number (Transfer to) 7007 1490 0001 4774 8887

CA/FE